

Fiber Control, Inc.

3010 Burns Avenue
Wantagh, NY 11793-3296
Tel:(516)781-3000
Fax:(516)781-3085
www.actionhazmat.com

January 15, 2021

United States Environmental Protection Agency
Air Compliance Branch
290 Broadway; 21st Floor
New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) revised original and (1) revised copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

Charlene Badal
Project Administrator

Enc.

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project #	Postmark	Date Received	Notification #																												
I. Type of Notification (check one): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled																															
II. Facility Description Building Name: <u>WAREHOUSE FUELING STATION</u> Address: <u>728 COURT STREET</u> City: <u>BROOKLYN</u> State: <u>NY</u> Zip Code: <u>11231</u> County: <u>BROOKLYN</u> Site Location: <u>ROOF</u> Building Size (square feet): _____ # of Floors: <u>1</u> Age in Years: <u>50</u> Present Use: <u>COMMERCIAL</u> Prior Use: _____																															
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																															
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																															
V. Facility Information Owner Name: <u>BUCKEYE TERMINALS, FIVE TEK PARK</u> Address: <u>9999 HAMILTON BLVD</u> City: <u>BREINIGSVILLE</u> State: <u>PA</u> Zip Code: <u>18031</u> Contact: <u>GREGORY PETRY SR.</u> Telephone: <u>(610) 904-4401</u> Fax: _____ Removal Contractor Name: <u>FIBER CONTROL, INC.</u> Address: <u>3010 BURNS AVENUE</u> City: <u>WANTAGH</u> State: <u>NY</u> Zip Code: <u>11793</u> Contact: <u>PETER GRANDE</u> Telephone: <u>(516) 781-3000</u> Fax: <u>(516) 781-3085</u> Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____																															
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XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup

XII. Waste Transporter #1

Name: CARDELLA TRUCKING CO., INC.

Address: 2400 TONNELLE AVENUE

City: NORTH BERGEN

State: NJ

Zip Code: 07047

Contact:

Telephone: (201)867-7276

Waste Transporter #2

Name:

Address:

City:

State:

Zip Code:

Contact:

Telephone: ()

XIII. Waste Disposal

Name: WASTE MANAGEMENT - FAIRLESS LANDFILL

Address: 1000 BORDENTOWN ROAD

City: MORRISVILLE

State: PA

Zip Code: 19067

Contact:

Telephone: (800) 963-4776

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order:

Title:

3. Authority of Order (Citation of Code):

4. Date of Order (MM/DD/YY):

Date Ordered to Begin

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency:

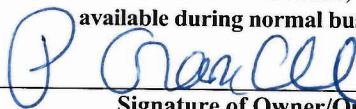
2. Description of the Sudden, Unexpected Event:

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

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XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.



Signature of Owner/Operator

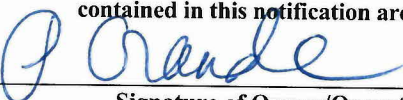
01/15/20

Date

Peter Grande

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.



Signature of Owner/Operator

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Type or Print Name and Title

Fiber Control, Inc.

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January 6, 2021

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U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup
XII.	Waste Transporter #1 Name: CARDELLA TRUCKING CO., INC. Address: 2400 TONNELLE AVENUE City: NORTH BERGEN State: NJ Zip Code: 07047 Contact: Telephone: (201)867-7276 Waste Transporter #2 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: Telephone: ()
XIII.	Waste Disposal Name: 110 SAND COMPANY CLEAN FILL DISPOSAL SITE Address: 136 BETHPAGE- SPAGNOLI ROAD City: MELVILLE State: NY Zip Code: 11747 Contact: Telephone: (631) 694-2822
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____
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February 1, 2021

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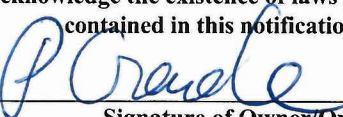
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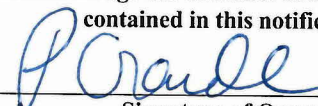
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U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Fiber Control, Inc.

3010 Burns Avenue
Wantagh, NY 11793-3296
Tel:(516)781-3000
Fax:(516)781-3085
www.actionhazmat.com

April 5, 2021

United States Environmental Protection Agency
Air Compliance Branch
290 Broadway; 21st Floor
New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) revised original and (1) copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

Charlene Badal
Project Administrator

Enc.

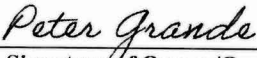
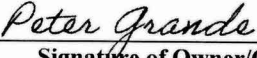
U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Fiber Control, Inc.

3010 Burns Avenue
Wantagh, NY 11793-3296
Tel: (516) 781-3000
Fax: (516) 781-3085
www.actionhazmat.com

April 16, 2021

United States Environmental Protection Agency
Air Compliance Branch
290 Broadway; 21st Floor
New York, NY 10007-1866

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Please stamp and return the copies to us in the self addressed envelope we included.

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Sincerely,

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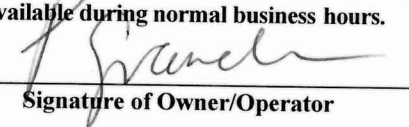
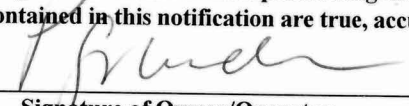
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Fiber Control, Inc.

3010 Burns Avenue
Wantagh, NY 11793-3296
Tel:(516)781-3000
Fax:(516)781-3085
www.actionhazmat.com

February 19, 2021

United States Environmental Protection Agency
Air Compliance Branch
290 Broadway; 21st Floor
New York, NY 10007-1866

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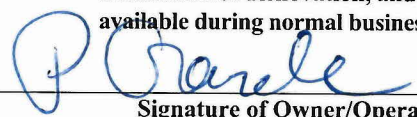
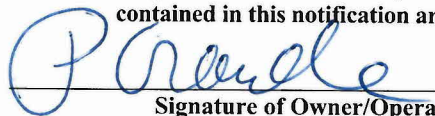
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U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

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Fiber Control, Inc.

3010 Burns Avenue
Wantagh, NY 11793-3296
Tel: (516) 781-3000
Fax: (516) 781-3085
www.actionhazmat.com

March 10, 2021

United States Environmental Protection Agency
Air Compliance Branch
290 Broadway; 21st Floor
New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) revised original and (1) revised copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

Charlene Badal
Project Administrator

Enc.

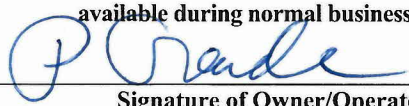
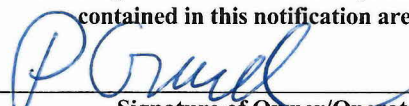
U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project #	Postmark	Date Received	Notification #																												
I. Type of Notification (check one): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled																															
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U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Fiber Control, Inc.

3010 Burns Avenue
Wantagh, NY 11793-3296
Tel: (516) 781-3000
Fax: (516) 781-3085
www.actionhazmat.com

January 14, 2021

United States Environmental Protection Agency
Air Compliance Branch
290 Broadway; 21st Floor
New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) original and (1) copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

Charlene Badal
Project Administrator

Enc.



U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project #	Postmark	Date Received	Notification #				
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description Building Name: <u>WAREHOUSE FUELING STATION</u> Address: <u>728 COURT STREET</u> City: <u>BROOKLYN</u> State: <u>NY</u> Zip Code: <u>11231</u> County: <u>BROOKLYN</u> Site Location: <u>ROOF</u> Building Size (square feet): _____ # of Floors: <u>1</u> Age in Years: <u>50</u> Present Use: <u>COMMERCIAL</u> Prior Use: _____							
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information Owner Name: <u>BUCKEYE TERMINALS, FIVE TEK PARK</u> Address: <u>9999 HAMILTON BLVD</u> City: <u>BREINIGSVILLE</u> State: <u>PA</u> Zip Code: <u>18031</u> Contact: <u>GREGORY PETRY SR.</u> Telephone: <u>(610) 904-4401</u> Fax: _____ Removal Contractor Name: <u>FIBER CONTROL, INC.</u> Address: <u>3010 BURNS AVENUE</u> City: <u>WANTAGH</u> State: <u>NY</u> Zip Code: <u>11793</u> Contact: <u>PETER GRANDE</u> Telephone: <u>(516) 781-3000</u> Fax: <u>(516) 781-3085</u> Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____							
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Pipes (linear feet)							
Surface Area (square feet)	1800						
Facility Components (cubic feet)							
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U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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	Name: CARDELLA TRUCKING CO., INC.		
	Address: 2400 TONNELLE AVENUE		
	City: NORTH BERGEN	State: NJ	Zip Code: 07047
	Contact:	Telephone: (201) 867-7276	
	Waste Transporter #2		
	Name:		
	Address:		
	City:	State:	Zip Code:
	Contact:	Telephone: ()	
XIII.	Waste Disposal		
	Name: 110 SAND COMPANY CLEAN FILL DISPOSAL SITE		
	Address: 136 BETHPAGE- SPAGNOLI ROAD		
	City: MELVILLE	State: NY	Zip Code: 11747
	Contact:	Telephone: (631) 694-2822	
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)		
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Fiber Control, Inc.

3010 Burns Avenue
Wantagh, NY 11793-3296
Tel: (516) 781-3000
Fax: (516) 781-3085
www.actionhazmat.com

February 22, 2021

United States Environmental Protection Agency
Air Compliance Branch
290 Broadway; 21st Floor
New York, NY 10007-1866

Dear Sir or Madam:

Enclosed please find (1) revised original and (1) revised copy of EPA notification.

Please stamp and return the copies to us in the self addressed envelope we included.

If we can be of any assistance, please do not hesitate to call.

Sincerely,

Charlene Badal

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Project Administrator

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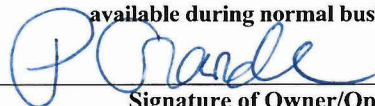
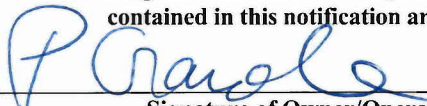
U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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	Address: 1000 BORDENTOWN ROAD		
	City: MORRISVILLE	State: PA	Zip Code: 19067
	Contact:	Telephone: (800) 963-4776	
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)		
	1. Attach a copy of the Order to this notice.		
	2. Name of Authority Issuing Order:	Title:	
	3. Authority of Order (Citation of Code):		
	4. Date of Order (MM/DD/YY):	Date Ordered to Begin	
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)		
	1. Date and Hour of the Emergency:		
	2. Description of the Sudden, Unexpected Event:		
	3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.		
	Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.		
		02/22/21	Peter Grande
	Signature of Owner/Operator	Date	Type or Print Name and Title
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.		
		02/22/21	Peter Grande
	Signature of Owner/Operator	Date	Type or Print Name and Title

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #	
I. Type of Notification (O=Original R=Revised C=Canceled) O				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Buckeye Partners LP				
Address: 9999 Hamilton Blvd				
City: Breinigsville	State: PA	Zip: 18031		
Contact: Ryan Taylor	Tel: 570-768-1228			
REMOVAL CONTRACTOR: N/A - Previously Abated				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
OTHER OPERATOR: Brandenburg Industrial Service Company				
Address: 2217 Spillman Drive				
City: Bethlehem	State: PA	Zip: 18015		
Contact: Stephen Carne	Tel: 484-550-9950			
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D				
IV. IS ASBESTOS PRESENT? (Yes/No) No - Previously Abated				
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Buckeye Terminal Oil Storage tanks (5), office, warehouse, electrical sub and boiler room				
Address: 722 Court Street				
City: Brooklyn	State: NY	County:		
Site Location: Entire Site at above address				
Building Size: Various tanks/structures	# of Floors: Various	Age in Years: 40+		
Present Use: Abandoned	Prior Use: Oil Storage Terminal			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Survey performed, samples analyzed by PLM/TEM. ACM materials previously abated				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes	N/A			Ln Ft: Ln M:
Surface Area				Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 0				Complete: _____
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01/25/2021				Complete: 06/25/2021

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Demo will be by mechanical means. Scrap and debris will be disposed of/recycled.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

N/A - Asbestos previously abated

XII. WASTE TRANSPORTER #1

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

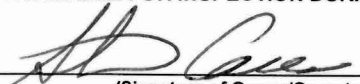
Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Work will cease, amended water will be applied to the material in question and a sample will be taken for analysis by PLM/TEM.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.


(Signature of Owner/Operator)

01/08/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:


(Signature of Owner/Operator)

01/08/2021

(Date)